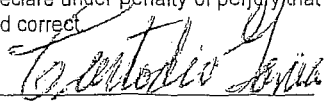
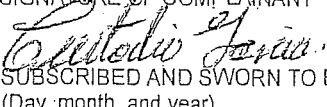


EXHIBIT 1

18M042605

| | | | |
|--|--|--|---|
| CHARGE OF DISCRIMINATION | | AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC | 2018CE2182 CHARGE NUMBER 440-2018-04450 |
| This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form. | | | |
| Illinois Department of Human Rights | | and EEOC | |
| State or local Agency, if any | | | |
| NAME (Include Mr., Ms., Mrs.) Custodio Garcia | | HOME TELEPHONE (Include Area Code), (815) 914-1385 | |
| STREET ADDRESS 425 S. 5th Street | | CITY, STATE AND ZIP CODE Rockford, Illinois 61104 | DATE OF BIRTH 12/29/1961 |
| NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below) | | | |
| NAME Muller-Pinehurst Dairy | | NUMBER OF EMPLOYEES, MEMBERS 15+ | TELEPHONE (Include Area Code) (815) 968-0441 |
| STREET ADDRESS 2110 Ogilby Road, Rockford, Illinois 61102 | | | COUNTY Winnebago |
| NAME | | TELEPHONE (Include Area Code) | |
| STREET ADDRESS | | | COUNTY |
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)): <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) | | DATE(S) DISCRIMINATION TOOK PLACE EARLIEST (AOEA/FEPA) LATEST (ALL) 10/31/2017 <input checked="" type="checkbox"/> CONTINUING ACTION | |
| THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): I began my employment with Respondents in 1997. My most recent position was Machine Operator. My race is Hispanic, and my national origin is Mexican. At the time of my termination, I was 56 years old. On September 25, 2017, I suffered an injury to my right ankle at work. On October 31, 2017, Respondents terminated my employment. I believe that Respondents discriminated against me because of my race, national origin, age, and because of my disability and/or because I have a record of disability, and/or because Respondents perceived me as having a disability. | | | |
| <div style="text-align: center;"> RECEIVED EEOC APR 10 2018 CHICAGO DISTRICT OFFICE </div> | | | |
| <input checked="" type="checkbox"/> I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. | | NOTARY. (when necessary for State and Local Requirements) | |
| I declare under penalty of perjury that the foregoing is true and correct.  Charging Party Signature | | SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) | |
| Date 4/4/2018 | | DATE 4/4/2018 | |

Return this copy

EXHIBIT 2

EEOC Form 161-B (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Custodio Garcia
c/o Paul W. Ryan, Esq.
Law Offices of Eugene Hollander
230 W. Monroe, Suite 1900
Chicago, IL 60606

From: Chicago District Office
230 S. Dearborn
Suite 1866
Chicago, IL 60604

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2018-04450

Daniel Lim,
State & Local Coordinator

(312) 872-9669

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

☒

More than 180 days have passed since the filing of this charge.

☐

Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.

☒

The EEOC is terminating its processing of this charge.

☐

The EEOC will continue to process this charge.

Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, **the paragraph marked below applies to your case:**

☒

The EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice**. Otherwise, your right to sue based on the above-numbered charge will be lost.

☐

The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Julianne Bowman/dll

9/24/2019

Enclosures(s)

Julianne Bowman,
District Director

(Date Mailed)

CC:

MULLER-PINEHURST DAIRY
c/o Brent Krebs
Prairie Farms Dairy
3744 Staunton Road
Edwardsville, IL 62025

EXHIBIT 3

18m042609

| | | | |
|--|--|---|---|
| CHARGE OF DISCRIMINATION | | AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC | 20185E2184 CHARGE NUMBER 440-2018-04451 |
| This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form. | | | |
| Illinois Department of Human Rights | | and EEOC | |
| <i>State or local Agency, if any</i> | | | |
| NAME (Include Mr., Ms., Mrs.) Custodio Garcia | | HOME TELEPHONE (Include Area Code), (815) 914-1385 | |
| STREET ADDRESS 425 S. 5th Street | | CITY, STATE AND ZIP CODE Rockford, Illinois 61104 | DATE OF BIRTH 12/29/1961 |
| NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below) | | | |
| NAME Prairie Farms Dairy | | NUMBER OF EMPLOYEES, MEMBERS 15+ | TELEPHONE (Include Area Code) (618) 659-5700 |
| STREET ADDRESS 3744 Staunton Road, Edwardsville, Illinois 62025 | | COUNTY Madison | |
| NAME | | TELEPHONE (Include Area Code) | |
| STREET ADDRESS | | COUNTY | |
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)): <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) | | DATE(S) DISCRIMINATION TOOK PLACE EARLIEST(ADEA/EPA) LATEST (ALL) 10/31/2017 <input checked="" type="checkbox"/> CONTINUING ACTION | |
| THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): I began my employment with Respondents in 1997. My most recent position was Machine Operator. My race is Hispanic, and my national origin is Mexican. At the time of my termination, I was 56 years old. On September 25, 2017, I suffered an injury to my right ankle at work. On October 31, 2017, Respondents terminated my employment. I believe that Respondents discriminated against me because of my race, national origin, age, and because of my disability and/or because I have a record of disability, and/or because Respondents perceived me as having a disability. | | | |
| RECEIVED EEOC APR 10 2018 CHICAGO DISTRICT OFFICE | | | |
| <input checked="" type="checkbox"/> I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge, in accordance with their procedures. I declare under penalty of perjury that the foregoing is true and correct. | | NOTARY. (when necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. | |
| Charging Party Signature <i>Custodio Garcia</i> 03.23.2018 Date | | SIGNATURE OF COMPLAINANT <i>Custodio Garcia</i> DATE 03.23.2018 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) | |

EXHIBIT 4

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

CHARGE NO. 2018SE2184

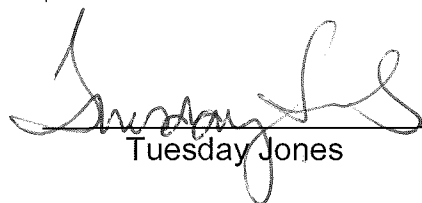
AFFIDAVIT OF SERVICE

Tuesday Jones, deposes and states that she served a copy of the attached **NOTICE OF DISMISSAL FOR LACK OF SUBSTANTIAL EVIDENCE** on each person named below by depositing the same this 19th of August, 2019, in the U.S. Mail Box at 100 West Randolph Street, Chicago, Illinois, properly posted for FIRST CLASS MAIL, addresses as follows:

Paul W. Ryan
Law Offices of Eugene R. Hollander
230 W. Monroe Street
Suite 1900
Chicago, IL 60606

Brent Krebs
Prairie Farms Dairy
3744 Staunton Road
Edwardsville, IL 62025

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.



Tuesday Jones

PLEASE NOTE:

The above-signed person is responsible only for mailing these documents. If you wish a review of the findings in this case, you must complete the Request for Review form attached. Illinois Department of Human Rights staff are not permitted to discuss the investigation findings once a Notice of Dismissal has been issued.

Page 2

Notice of Dismissal for Lack of Substantial Evidence

Charge No. 2018SE2184

If you intend to exhaust your State remedies, please notify the Equal Employment Opportunity Commission (EEOC) immediately. The EEOC generally adopts the Department's findings. The Appellate Courts in Watkins v. Office of the State Public Defender, ___ Ill.App.3d ___, 976 N.E.2d 387 (1st Dist. 2012) and Lynch v. Department of Transportation, ___ Ill.App.3d ___, 979 N.E.2d 113 (4th Dist. 2012), have held that discrimination complaints brought under the Illinois Human Rights Act ("IHRA") against the State of Illinois in the Illinois Circuit Court are barred by the State Lawsuit Immunity Act. (745 ILCS 5/1 et seq.). Complainants are encouraged to consult with an attorney prior to commencing a civil action in the Circuit Court against the State of Illinois.

PLEASE NOTE: The Department cannot provide any legal advice or assistance. Please contact legal counsel, your city clerk, or your county clerk with any questions.

3. Complainant is hereby notified that the charge(s) will be dismissed with prejudice and with no right to further proceed if a timely request for review is not filed with the Commission, or a timely written complaint is not filed with the appropriate circuit court.
4. If an EEOC charge number is cited above, this charge was also filed with the Equal Employment Opportunity Commission (EEOC). If this charge alleges a violation under Title VII of the Civil Rights Act of 1964, as amended, or the Age Discrimination in Employment Act of 1967, Complainant has the right to request EEOC to perform a Substantial Weight Review of this dismissal. Please note that in order to receive such a review, it must be requested in writing to EEOC within fifteen (15) days of the receipt of this notice, or if a request for review is filed with the Human Rights Commission, within fifteen days of the Human Rights Commission's final order. Any request filed prior to your receipt of a final notice WILL NOT BE HONORED. Send your request for a Substantial Weight Review to **EEOC, John C. Kluczynski Federal Building, 230 South Dearborn Street, Suite 1866, Chicago, Illinois 60604**. Otherwise, EEOC will generally adopt the Department of Human Rights' action in this case.

PLEASE NOTE: BUILDING SECURITY PROCEDURES PRESENTLY IN PLACE DO NOT PERMIT ACCESS TO EEOC WITHOUT AN APPOINTMENT. IF AN APPOINTMENT IS REQUIRED, CALL (312) 869-8000.

DEPARTMENT OF HUMAN RIGHTS
James L. Bennett
Director

HB1509/HB59 NOD/LSE
12/16